

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD

REQUEST FOR TEMPORARY LICENSE FOR A PHYSICAL THERAPIST ASSISTANT

NAME OF APPLICANT: (Please Print) _____
(Last, First, Middle)

- ☐ I am a graduate of a board approved physical therapist assistant school and I have applied to take the physical therapist assistant licensure examination.
- ☐ I am a graduate of a board approved physical therapist assistant school. I have taken the physical therapist assistant licensure examination and am awaiting results.

AFFIDAVIT OF SUPERVISING PHYSICAL THERAPISTS

I request that a temporary license to practice as a physical therapist assistant in the State of Wisconsin be issued to _____, effective _____.
(Name of Applicant) (month/day/year)

I am aware that a temporary license to practice as a physical therapist assistant under supervision granted under Chapter PT 3 shall expire on the date the applicant is notified that he or she has failed any of the required examinations for regular license to practice as a physical therapist assistant. A temporary license may be renewed for a period of 3 months, and may be renewed a second time for a period of 3 months for reasons of hardship. Practice under a temporary license may not exceed 9 months total duration.

Signature of Supervisor

Street Address of Employment

Print Name.

City and State

Zip

Wisconsin PT License No.

Physical Location of Practice
(Place of Employment)

Date